

This addendum becomes a part of the License/Permit Application submitted and attached hereto as referenced by the number above. The City of Brighton requires licensing for all sales-tax related businesses. The current licensing period is static, and is valid from January 1, 2014 through December 31, 2015. Licensing fees will be prorated for customers under the following schedule:

✓	Opened on or after:	Total Due	✓	Opened on or after:	Total Due	✓	Opened on or after:	Total Due	✓	Opened on or after:	Total Due
	1/1/14	\$40.00		7/1/14	\$36.25		1/1/15	\$32.50		7/1/15	\$28.75

GENERAL INFORMATION

Proposed Open Date:		State Sales Tax #:		Federal ID # or SS #:	
Subdivision:			Business District:	<input type="checkbox"/> Bromley Park <input type="checkbox"/> Brighton Pavilions	<input type="checkbox"/> Palizzi Marketplace <input type="checkbox"/> Prairie Center

PURCHASE of EXISTING BUSINESS (if applicable)

Name of Business Purchased:					
Former Owners Name:					
Date Business Originated:			Former Sales Tax Lic #:		
Fixed Assets Included in Purchase? <i>i.e. furniture, machinery, equipment, etc.</i>	<input type="checkbox"/> yes <input type="checkbox"/> no		Value of Fixed Assets:		
Please choose which filing option will apply to this business: <input type="checkbox"/> Quarterly (if tax remittance is \$40 or less/month) <input type="checkbox"/> Monthly (if tax remittance is more than \$40/month)					

OWNERS/OFFICERS

Complete the following for all owners/officers. If there are more than two, please use the space provided on the back of this form. * confidential information – will not be filed under open records

Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	
Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	

AFFIRMATION AND SIGNATURE

☐ I declare, under the penalty of perjury in the second degree, and by signature affixed hereto, that this application is complete and accurate to the best of my knowledge and belief, and that the statements made herein are made in good faith pursuant to the Colorado tax laws and regulations.

X

Signature of Applicant

Printed Name

Title

Date

Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	
Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	
Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	
Name:		Title:	
Address:		City, State Zip	
Phone:		Social Security #:	